Challenges and opportunities for occupational health and safety after the COVID-19 lockdowns

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Now that many countries are implementing 'exit strategies' from the containment measures, the health impact related to COVID-19, stress and isolation will become clear. However, there is a second wave of potential health consequences threatening us. According to economists, a worldwide economic recession is to be expected. We can therefore expect a change in the various health problems associated to a negative economic growth and its impact on employment.[1 2] It is in this expected second part that occupational health and safety (OHS) can play an important role. By providing advice to workers and enterprises in creating safe employment and new, attractive ways of working, they can help in mitigating the health impact of a recession.

What can be learnt from previous recessions? There is no clear answer. Recessions cause a mix of both positive and negative effects, on both morbidity and mortality. Moreover, these effects can be expected to differ in between socioeconomic groups.

On the one hand, recessions have an adverse impact in terms of the health and well-being of the population. Unemployment and job uncertainty negatively influence self-esteem, stress and mental health, as well physical health. The number of suicides and overdose deaths is higher during economic crises.[3] There will be fewer tax resources available, which will affect access to health and social care and various welfare programmes. Reduced income will translate into lower living standards and increased pathogenic exposures, particularly in those groups that were already struggling.

However, strangely enough, also health *improvements* are possible. Empirical studies of economic downturns such as the great depression or the financial crisis of 2008 seem to suggest that recessions can also bring several health benefits.[4–8] In one cohort study of 36 million people in Spain, all-cause mortality decreased more during the economic crisis than before the onset of the crisis in 2008.[8] Several reasons can explain these positive findings. People have less money to spend on smoking and alcohol, fast food or other unhealthy behaviours.[9] In times of a pandemic, bars, restaurants and nightclubs are closed, and there is more time to exercise and sleep (especially when social distancing becomes the norm). The air quality also improves through lower emission gases. There will also be lower exposure of workers to toxic materials. Fewer people work during economic crises, which reduces the number of deadly accidents at work and in traffic, especially in workers from lower socioeconomic groups and in small enterprises traditionally characterised by higher injury indices.[10] However, occupational injuries also tend to increase in times of economic recovery in these vulnerable groups, as these are least able to put in preventive measures.[10]

The net effect of a COVID-19 recession in terms of morbidity and mortality of the population and its subgroups remains to be seen. However, it is clear that there are many supportive measures possible that can mitigate the negative consequences. A striking finding from health research on recessions is that a recession typically has bigger impact on the health of vulnerable, disadvantaged groups, lowest-paid employees, migrant workers and those working in the informal economy.[11] The COVID-19 crisis, lockdown and economic recessions might exacerbate pre-existing health inequalities. Lower socioeconomic workers have less access to protective equipment, fewer options to work from home and a higher risk of losing their job.[12] It is therefore important for the field of OHS to focus on social support and employment measures *during* and *after* the corona crisis both on macro and micro levels to prevent long-term consequences on health of all workers.

On a macro level, for example, during the economic crisis of the 1990s, Spain spent little on social protection, leading to an increase in suicides with unemployment. Sweden, on the other hand, spent about four times more on social support programmes, and suicide rates did not increase.[13] Also international collaboration will be necessary to support low-income and lower-middle-income countries in which a large proportion of the citizens are poor and unemployed and for which the impact will be bigger.[12] OHS institutes and agencies (eg, Occupational Safety and Health Administration) should advocate supportive measures and develop guidelines for effective prevention: provide data, concrete plans and solutions for stakeholders and policymakers.

Also, on a micro level, there are many possibilities for OHS to contribute. They can mitigate negative consequences through facilitating safe transitions to a postcorona era. This can be achieved through reducing corona transmission at work but also through preventing accidents and injuries occurring in the transition to business-as-usual. However, they can also contribute through using their expertise on how to create healthy, fulfilling and attractive jobs. Many jobs will be lost in the economy, but there is a risk that many workers, and perhaps particularly in socially disadvantaged groups, might be wary about returning to work. Employment is a key variable to minimising social inequity. Without effective reintegration programmes, adaptive, flexible and safe work environments and supportive monitoring by OHS specialists that smoothen the transition, many more and unnecessary employees will not recover (timely) from the crisis. A swift transition to active labour will be a key preventive measure to mitigate the equity impact of the coming recession.

The end of the containment measures is at the same time a challenge and an opportunity for those in the field of OHS, either at a policy level or in the field, to translate their valuable insights on the complex relationship between work and health into workable action. As such, they will be able to reduce the toll of an approaching recession.

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Contributors Both authors contributed to conceptualising the idea and preparing the draft of the manuscript.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Not required.

Provenance and peer review Not commissioned; internally peer reviewed.

To cite Godderis L, Luyten J. *Occup Environ Med* 2020;**77**:511–512.

Received 23 April 2020
Revised 15 May 2020
Accepted 30 May 2020
Published Online First 8 June 2020

Occup Environ Med 2020;**77**:511–512.
doi:10.1136/oemed-2020-106645

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